

## **MAINE HEALTH DATA ORGANIZATION STATUTES/RULES**

### **Maine Revised Statute Title 22, Chapter 1683: MAINE HEALTH DATA ORGANIZATION**

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#### **Section 8702. DEFINITIONS**

**2. Clinical data.** "Clinical data" includes but is not limited to the data required to be submitted by providers and payors pursuant to sections 8708 and 8711.

**4. Health care facility.** "Health care facility" means a public or private, proprietary or not-for-profit entity or institution providing health services ... licensed by DHHS, but not pharmacies.

**4-A. Health care practitioner.** "Health care practitioner" has the meaning provided in Title 24, section 2502, subsection 1-A.

#### **22 §8703.**

**1. Objective.** The purposes of the organization are to create and maintain a useful, objective, reliable and comprehensive health information database that is used to improve the health of Maine citizens and to issue reports, as provided in section 8712. This database must be publicly accessible while protecting patient confidentiality and respecting providers of care. The organization shall collect, process, analyze and report clinical, financial, quality and restructuring data as defined in this chapter.

#### **Section 8704. POWERS AND DUTIES OF THE BOARD**

**2. Contracts for data collection; processing.** The board may contract with one or more qualified, nongovernmental, independent 3rd parties for services necessary to carry out the data collection, processing

and storage activities required under this chapter. For purposes of this subsection, a group or organization affiliated with the University of Maine System is not considered a governmental entity. Unless permission is specifically granted by the board, a 3rd party hired by the organization may not release, publish or otherwise use any information to which the 3rd party has access under its contract and shall otherwise comply with the requirements of this chapter.

**4. Rulemaking.** The board shall adopt rules necessary for the proper administration and enforcement of the requirements of this chapter and to carry out the duties of the organization under section 1711-E, subsection 4 and section 8713. All rules must be adopted in accordance with Title 5, chapter 375 and unless otherwise provided are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

## **22 §8705-A. ENFORCEMENT**

The board shall adopt rules to ensure that payors and providers file data as required by section 8704, subsection 1; that users that obtain health data and information from the organization safeguard the identification of patients and health care practitioners as required by section 8707, subsections 1 and 3; and that payors and providers pay all assessments as required by section 8706, subsection 2.

**2. Rulemaking.** The board shall adopt rules to implement this section. Rules adopted pursuant to this subsection are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A. The rules may contain procedures for monitoring compliance with this chapter

## **22 §8707. PUBLIC ACCESS TO DATA**

The board shall adopt rules to provide for public access to data and to implement the requirements of this section.

**1. Public access; confidentiality.** The board shall adopt rules making available to any person, upon request, information, except privileged medical information and confidential information, provided to the organization under this chapter as long as individual patients are not directly or indirectly identified through a reidentification process. The board shall adopt rules to protect the identity of certain health care practitioners, as it determines appropriate, except that the identity of practitioners performing abortions as defined in section 1596 must be designated as confidential and must be protected. Rules adopted pursuant to this subsection are major substantive rules as defined in Title 5, chapter 375, subchapter II-A.

**3. Public health studies.** The rules may allow exceptions to the confidentiality requirements only to the extent authorized in this subsection.

A. The board may approve access to identifying information for patients to the department and other researchers with established protocols that have been approved by the board for safeguarding confidential or privileged information.

B. The rules must ensure that:

- (1) Identifying information is used only to gain access to medical records and other medical information pertaining to public health;
- (2) Medical information about any patient identified by name is not obtained without the consent of that patient except when the information sought pertains only to verification or comparison of health data and the board finds that confidentiality can be adequately protected without patient consent;
- (3) Those persons conducting the research or investigation do not disclose medical information about any patient identified by name to any other person without that patient's consent;
- (4) Those persons gaining access to medical information about an identified patient use that

information to the minimum extent necessary to accomplish the purposes of the research for which approval was granted; and

(5) The protocol for any research is designed to preserve the confidentiality of all health care information that can be associated with identified patients, to specify the manner in which contact is made with patients and to maintain public confidence in the protection of confidential information.

## **22 §8708. CLINICAL DATA**

Clinical data must be filed, stored and managed as follows

**1. Information required.** Pursuant to rules adopted by the board for form, medium, content and time for filing, each health care facility shall file with the organization the following information:

B. A completed uniform hospital discharge data set, or comparable information, for each patient discharged from the facility after June 30, 1983 and for each hospital outpatient service occurring after June 30, 1996;

C. In addition to any other requirements applicable to specific categories of health care facilities, the organization may require the filing of data as set forth in this chapter or in rules adopted pursuant to this chapter.

**2. Additional information on ambulatory services and surgery.** Pursuant to rules adopted by the board for form, medium, content and time for filing, each provider shall file with the organization a completed data set, comparable to data filed by health care facilities under subsection 1, paragraph B. This subsection may not be construed to require duplication of information required to be filed under subsection 1.

**5. Medical record abstract data.** In addition to the information required to be filed under subsections 1 and 2 and pursuant to rules adopted by the organization for form, medium, content and time of filing, each health care facility shall file with the organization such medical record abstract data as the organization may require.

**6-A. Additional data.** Subject to the limitations of section 8704, subsection 1, the board may adopt rules requiring the filing of additional clinical data from other providers and payors as long as the submission of data to the organization is consistent with federal law. Data filed by payors must be provided in a format that does not directly identify the patient.

**7. Authority to obtain information.** Nothing in this section may be construed to limit the board's authority to obtain information that it considers necessary to carry out its duties.

## **22 §8708-A. QUALITY DATA**

The board shall adopt rules regarding the collection of quality data. The board shall work with the Maine Quality Forum and the Maine Quality Forum Advisory Council established in Title 24-A, chapter 87, subchapter 2 to develop the rules. The rules must be based on the quality measures adopted by the Maine Quality Forum pursuant to Title 24-A, section 6951, subsection 2. The rules must specify the content, form, medium and frequency of quality data to be submitted to the organization. In the collection of quality data, the organization must minimize duplication of effort, minimize the burden on those required to provide data and focus on data that may be retrieved in electronic format from within a health care practitioner's office or health care facility. As specified by the rules, health care practitioners and health care facilities shall submit quality data to the organization. Rules adopted pursuant to this section are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A.

## **22 §8709. FINANCIAL DATA; SCOPE OF SERVICE DATA**

Financial data and scope of service data must be filed, stored and managed as follows.

**1. Financial data.** Each health care facility shall file with the organization, in a form specified by rule pursuant to section 8704, financial information including costs of operation, revenues, assets, liabilities, fund balances, other income, rates, charges and units of services, except to the extent that the board specifies by

rule that portions of this information are unnecessary.

**1-A. Hospitals; standardized accounting template.** When filing the financial information required under subsection 1, a hospital also shall file information using the standardized accounting template published in the report of the Commission to Study Maine's Community Hospitals in February 2005. The hospital shall file this information using an electronic version of the template provided to the hospital by the organization. If in succeeding years the template needs to be modified, the board shall adopt rules specifying the filing requirements. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

## 22 §8712. REPORTS

The organization shall make reports available to members of the public:

**1. Quality.** The organization shall promote public transparency of the quality and cost of health care in the State in conjunction with the Maine Quality Forum established in Title 24-A, section 6951 and shall collect, synthesize and publish information and reports on an annual basis that are easily understandable by the average consumer and in a format that allows the user to compare the information listed in this section to the extent practicable. .. regarding health care services, their outcomes, the effectiveness of those services, the quality of those services by health care facility and by individual practitioner and the location of those services.

**2. Payments.** The organization shall create a publicly accessible interactive website that presents reports related to health care facility and practitioner payments for services rendered to residents of the State... must include, but not be limited to, imaging, preventative health, radiology and surgical services ... and ...display prices paid by individual commercial health insurance companies, 3rd-party administrators and, unless prohibited by federal law, governmental payors.

**3. Comparison report.** At a minimum, the organization shall develop and produce an annual report that compares the 15 most common diagnosis-related groups and the 15 most common outpatient procedures for all hospitals in the State and the 15 most common procedures for nonhospital health care facilities in the State to similar data for medical care rendered in other states, when such data are available

## 22 §8713. CONFIDENTIALITY PROTECTION FOR CERTAIN HEALTH CARE PRACTITIONERS

The organization shall establish procedures to accept filings for confidentiality protection from health care practitioners who file with the organization under section 1711-E, subsection 4 and licensing boards that submit lists of names of practitioners who file for confidentiality protection. The procedures must provide for disclosure, upon request, of the names of practitioners who filed for confidentiality protection.

## MHDO RULES

### Document

### Description

[Chapter 10](#) Determination of Assessments

[Chapter 50](#) Fees for Data Processing, Report Compilation and Copying Services

<a href="#">Chapter 100</a>	Enforcement and Forfeiture Procedures
<a href="#">Chapter 120</a>	Release of Data to the Public
<a href="#">Chapter 125</a>	Health Care Information That Directly Identifies an Individual
<a href="#">Chapter 241</a>	Uniform Reporting System for Hospital Inpatient Data Sets and Hospital Outpatient Data Sets
<a href="#">Chapter 243</a>	Uniform Reporting System for Health Care Claims Data Sets
<a href="#">Chapter 270</a>	Uniform Reporting System for Quality Data Sets
<a href="#">Chapter 280</a>	Filing Requirements for Prescribers Seeking Confidentiality Protection
<a href="#">Chapter 300</a>	Uniform Reporting System for Hospital Financial Data
<a href="#">Chapter 630</a>	Uniform System for Reporting Baseline Information and Restructuring Occurrences Relevant to the Delivery and Financing of Health Care in Maine

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## 90-590 MAINE HEALTH DATA ORGANIZATION

### Chapter 120: RELEASE OF DATA TO THE PUBLIC

**SUMMARY:** This chapter provides for the manner and extent to which data submitted to or assembled by the MHDO or its predecessor agencies will be made available to the public. The rule defines the scope of the exceptions to the Freedom of Access Law that is provided in the Maine Health Data Organization statute. The rule also establishes procedures for determining whether data are confidential or privileged and for protecting filed data until that decision is made.

#### 2. Definitions:

**B. Clinical Data.** "Clinical data" mean health care claims, hospital, non-hospital health care facility data, quality data, and all other data as described in 22 M.R.S.A. Secs. 8708, 8708-A, and 8711.

**E. Disclosure.** "Disclosure," with respect to clinical, financial, or restructuring data, means to communicate information to a person not already in possession of that information or to use information for a purpose not originally authorized. For example, to inform a person of the identity of a previously unnamed patient is to "disclose" clinical data not already in that person's possession with respect to the patient.

**G. Financial Data.** “Financial data” means information collected from data providers pursuant to Chapter 300 of the MHDO rules, *Uniform Reporting System for Hospital Financial Data*, that include, but are not limited to, costs of operation, revenues, assets, liabilities, fund balances, other income, rates, charges and units of services.

**H. Health Care Claims Data.** “Health care claims data” means information consisting of or derived directly from member eligibility, medical claims, pharmacy claims, and/or dental claims files submitted by health care claims processors pursuant to Chapter 243 of the MHDO’s rules, *Uniform Reporting System for Health Care Claims Data Sets*. “Health care claims data” do not include analysis, reports, or studies containing information from health care claims data sets, if those analyses, reports, or studies have already been released in response to another request for information or as part of a general distribution of public information

**J. Health Care Facility.** “Health care facility” means a public or private, proprietary or not-for-profit entity or institution providing health services and which is licensed by State.

**K. Health Care Practitioner.** “Health care practitioner” means physicians and all others certified, registered or licensed in the healing arts, including but not limited to, nurses, podiatrists, optometrists, pharmacists, chiropractors, physical therapists, dentists, psychologists and physicians’ assistants as defined in 24 M.R.S.A., chapter 21. “Health care practitioner” also includes licensed clinical social workers as defined in 32 M.R.S.A., chapter 83 and marriage and family therapists and professional counselors as defined in 32 M.R.S.A., chapter 119.

**L.. Hospital Data.** “Hospital data” means information consisting of or derived directly from hospital inpatient, outpatient, emergency department, or any other derived data sets filed or maintained pursuant to Chapter 241 of the MHDO’s rules, *Uniform Reporting System for Hospital Inpatient and Hospital Outpatient Data Sets*. “Hospital data” do not include analysis, reports, or studies containing information from hospital data sets, if those analyses, reports, or studies have already been released in response to another request for information or as part of a general distribution of public information by the MHDO.

**N. MHDO Records.**

1. “MHDO record” means any item of data stored in written, printed, graphic, or electronic form that is either:

(b) filed with the MHDO or its designee by a data provider in accordance with a requirement of statute, rule or MHDO order;

(d) contained in a final MHDO report, analysis, study, data compilation, decision, rule, or order;

2. “MHDO record” does not include any of the following:

(b) draft documents of any kind, including unsigned or incomplete memoranda, decisions, rules or other papers; nor

(c) reports studies, analyses, or data compilations that have not yet been reviewed for public release pursuant to section 9 or 10.

**R. Privileged Medical Information.** “Privileged medical information” means information other than hospital, non-hospital health care facility, or health care claims data that identify individual patients and that are derived from communications that:

1. were made for the purpose of diagnosis or treatment among a provider of health care, persons assisting the provider or patient, and a patient;
2. were made for the purpose of payment of health care services among a provider of health care, a health care claims processor, and a patient;
3. were not intended to be disclosed except to persons necessary to transmit or record the communication and persons participating in the diagnosis, treatment, or payment; and
4. have not been previously disclosed to the general public.

**U. Release.** To "release" data is to make it available for inspection and copying to persons other than the data provider.

### **3. Public Access to Data**

- A. **MHDO Records Not Otherwise Restricted.** Except as otherwise provided in this section, all MHDO records shall be released to any person, in accordance with sections 4 and 5, below.
- B. **Clinical Data.** MHDO records, files, reports, tables or any other information consisting of or compiled from clinical data shall be released, but only after the review and modification procedures set forth in section 9 have been undertaken. Computations, reports, or tables containing clinical data may be released without review, if the data have previously been designated as public.
- C. **Financial or Restructuring Data.** MHDO files, reports, tables or any other information consisting of or compiled from financial or restructuring data shall be released in accordance with the provisions set forth in section 10. Computations, reports, or tables containing financial or restructuring data may be released without review, if the data have previously been designated as public.
- D. **Data Claimed to be Confidential or Privileged.** Those parts of MHDO records that have been properly claimed to contain confidential data or privileged medical information pursuant to section 6 shall not be released unless the Executive Director or a staff delegate determines, pursuant to section 7 or section 8, that the requested data or medical information are not confidential or privileged.
- E. **MHDO Documents Containing Confidential, Privileged, or Protected Data.** MHDO documents labeled in accordance with subsection 11(A), shall not be released, until the confidential, privileged, or protected data have been removed or obliterated.
- F. **Data Subject to Protective Order.** Those parts of MHDO records that are subject to a protective order and are properly labeled as protected shall not be released except to the extent that the order may allow.
- G. **Information Other than MHDO Records.** Information in the MHDO's possession that does not constitute or form part of a MHDO record may be released after a request made in accordance with section 4, only if the Executive Director or a staff delegate finds that review under subsection 11(C) is not required and either:
  1. that the information is a "public record" within the meaning of 1 M.R.S.A. Sec. 402 (3); or
  2. that the information is not a "public record" but that its disclosure:

- (a) will not infringe upon confidential, privileged, or protected status provided elsewhere in this Chapter; and
  - (b) will be appropriate and reasonable as determined by the Executive Director or staff delegate.
- H. **Prescriber Data.** MHDO files, reports, tables, or any other information consisting of or compiled from prescriber data shall be released, but must not contain any data as identified in section 9(A)(4).

#### **4. Request for Data**

- A. **Request for Data.** Each request for data shall be in writing and shall state with specificity: the MHDO data or other information sought; the identity, including ownership, of the requesting party; whether or not an internal review board is to be utilized:

When clinical data requests contain data elements as set forth in subsections 9(A)(2), (3), and (4) of this Chapter, the request shall also set forth:

1. the ultimate recipient or user of the data;
2. any facts bearing on the willingness and ability of the requesting party and ultimate recipient or user of the data to comply with subsection 9 (B)(2)(b) of this Chapter; and
3. the term during which the research will be conducted or the data will be utilized.

#### **5. Release of Information and Data**

##### **D.. Notice of Release**

3. Whenever financial or restructuring data pertaining to a specific data provider are released, the MHDO shall notify the filing party.

#### **6. Claims of Confidentiality or Privilege**

##### **A. Responsibility of Data Provider**

1. **At Time of Submission.** Whenever a data provider claims that data are confidential or privileged within the meanings established in section 2, it shall clearly label each page (or, in the case of electronically stored data, each subdivision of similar size) to which the claim applies as "Confidential" or "Privileged," before submitting the data to MHDO.
- B. **MHDO Claims.** Whenever the Executive Director or a staff delegate considers data that is an MHDO record to be confidential agency data, such data shall be labeled in the same manner provided for data providers in subsection 6(A).
- C. **Disclosure Prohibited.** No data that are properly claimed to be privileged or confidential as provided in this section shall be released, unless the claim is denied after a review under section 7 or 8. (If someone requests, submitter is allowed to provide evidence and requester rebut. Burden on submitter).



## **9. Review of Requests for Clinical Data**

Clinical data will be released after they have been reviewed in accordance with this section.

- A. The Executive Director or a staff delegate shall compare the clinical data request with the following standards to establish the scope and extent of the request.
  - 1. data that directly identify patients, shall not be included in data that are released, unless an exception has been specifically authorized in accordance with subsection 9(D).
  - 2. The following data elements shall be considered to have a possibility of indirectly identifying patients:
    - (a) date of birth, unless converted to age;
    - (b) hospital inpatient admission date or hospital inpatient discharge date, unless each is converted to length of stay plus calendar quarter and year;
    - (c) hospital inpatient procedure date, unless converted to the number of elapsed days between admission and procedure date;
    - (d) date of procedure or service, unless converted to calendar quarter and year;
    - (e) race;
    - (f) when the place of residence is coded at a level that includes populations of 20,000 persons or less, except to the extent that the MHDO may, by order, approve the use of health planning, regulatory, or research areas containing smaller populations;
    - (g) medical record number, patient control number, plan specific contract number, member identification code, or patient social security number, in an encrypted form that cannot be used to identify individuals; or
    - (h) insured group or policy number if the total number of individuals in the group is 50 or greater, or, if less, data associated with other elements listed in this sub-section have been removed prior to release to prevent indirect identification.
  - 2. Data elements related to health care facility or practitioner charges (total charges, line item charges, charge amount) for services rendered shall only be released at an aggregate level that will not allow a charge/paid ratio to be computed for each type of service rendered for any individual health care claims processor, health care facility, or health care practitioner.

## **3. Release of Clinical Data**

- 2. When clinical data [is identifiable] the following procedure will be employed: MHDO finds
  - (i) requested clinical data solely for research or statistical purposes;
  - (ii) only the clinical data that is necessary;

- (iii) agreed in a writing to adhere to the conditions set forth in subsection 9(B)(2)(b); and
- (iv) demonstrated that it can and will faithfully adhere to such conditions and has established procedures to insure such adherence by both it and its employees;

The release of the clinical data shall conform to the external review provisions described in section 12.

(ii) The MHDO shall retain all ownership rights to the data. The requesting party shall have no right, title, or interest to any of the data provided by the MHDO.

(vi) The requesting party shall not use the data for purposes of identifying individuals or taking legal, administrative or other actions against individuals, nor shall the requesting party make contact with, or assist others in making contact with, any individuals who may be indirectly identified in the data provided.

(vii) The requesting party agrees that the data may be retained only for the period of time necessary to fulfill the requirements of the data request.

(viii) the requesting party shall provide the MHDO with a copy of any manuscript, report, or web site universal resource locator (URL) intended for public dissemination

Reports provided to the MHDO under this subsection shall be considered confidential agency data.

(ix) Subsection 9(B)(2)(b)(viii) shall not apply to a requesting party that:

- a. is an agency of the federal or a state government in the United States
- b. is subject to a statute, or a rule adopted pursuant to statutory authority, that prohibits the agency from releasing those portions of the data in its custody that would have a possibility of indirectly identifying patients within the meaning of paragraph 9(A)(2); and
- c. has responsibility, assigned by statute, for the collection, custody, and release of clinical data.

D. **Public Health Exception** , the MHDO may release identifying data to DHHS to gain access to medical records and other medical information pertaining to an investigation or research project of substantial public health importance:

- 1. Prior to requesting the release of data under this subsection, the Department will prepare a written protocol:
  - (a) Must ensure that medical information about patients identified by name is not sought from any person without the consent of that patient, except that, if supported by the specific finding set forth in subsection 9(D)(8)(g), the protocol may provide that information pertaining only to the verification or comparison of health data that the agency is otherwise authorized by law to collect may be obtained without patient consent.
  - (b) describe the procedure for obtaining patient consent to examine medical information.
  - (c) designed to ensure that identifying information released by the MHDO will be used only to gain access to medical records and other medical information for public health purposes identified in the document.

- (d) ensure that any identifying information released, with or without consent, shall be subject to all confidentiality requirements established in this section.

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Additional Public Health conditions: medical information about any patient identified by name will not be sought from any person without consent of that patient, unless:

- (i) the information sought pertains solely to verification or comparison of health data that the Department is otherwise authorized by law to collect;
- (ii) the manner in which such verification and comparison is carried out is consistent with all applicable requirements of this subsection 9(D); and
- (iii) the confidentiality of medical information and the public's confidence in the protection of that information will be adequately protected without patient consent.

## **11. Review of MHDO Reports and Compilations that May Contain Confidential, Privileged, or Protected Data**

- A. **All Reports and Compilations.** The Executive Director or a staff delegate shall review every report or data compilation prepared by the MHDO from information in its possession or control, to determine whether any portions of the document contain confidential, privileged, or protected data, or data claimed to fall into those categories. Any such portions will be clearly labeled before the document is deemed final, and the cover of such documents shall state that confidential, privileged, or protected data will be found therein.
- C. **Studies, Analyses, and Reports.** In addition to the review described in subsection 11(A), the MHDO shall provide notification of studies, analyses or reports prepared under 22 M.R.S.A. Sec. 8704(1)(D) to every affected data provider, at least twenty (20) days before such documents are deemed final or made a part of the MHDO's records.

## **12. External Review of Data Recipients/Requests**

- A. **Data Recipient/Request List.** The MHDO shall create a page on its web site (<http://www.maine.gov/mhdo>) that lists the identity and address of all parties requesting clinical, financial, restructuring, or prescriber data with a summary of each data request.
- B. **Comments.** Data providers or other interested parties may submit to the Executive Director comments related to the requesting party and/or the proposed use of the data

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## **90-590 MAINE HEALTH DATA ORGANIZATION**

### **Chapter 125: HEALTH CARE INFORMATION THAT DIRECTLY IDENTIFIES AN INDIVIDUAL**

**SUMMARY:** This chapter defines health care information that directly identifies an individual.

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1. **Applicability.** This rule is applicable to all activities and processes described under 22 M.R.S.A. §1711-C, Confidentiality of health care information.

2. **Definitions**

C. **Direct Identifier.** “Direct identifier” means any information that discloses the identity of an individual. A case or code number used to create anonymous or encrypted medical data for research purposes is not a direct identifier

3. **Identifying Information**

Data elements determined to be direct identifiers of individuals include the following:

- A. Patient’s Name;
- B. Names of Patient’s Family Members;
- C. Insured’s Name;
- D. Patient’s or Insured’s Address;
- E. Patient’s or Insured’s Telephone or FAX Numbers. Includes both home and work numbers;
- F. Patient Control Number. A unique alphanumeric number assigned by a health care provider to facilitate retrieval of individual financial records and posting of payment;
- G. Medical Record Number. A number assigned to the patient’s medical/health record by the provider;
- H. Patient’s Account Number. A unique number used by a health care provider or supplier to identify an individual’s case records and for posting payment;
- I. Patient’s or Insured’s Social Security Number;
- J. Insured’s Unique Health Insurance Identification Number;
- K. Insured’s Unique Health Insurance Certificate Number;
- L. Patient’s Medicare/Medicaid Health Insurance Identification Number;
- M. Patient’s Federal Employees Compensation Act Number;
- N. Patient’s or Insured’s Credit Card Number;
- O. Patient’s or Insured’s Bank Account Number;
- P. Patient’s or Insured’s Operator’s License Number;
- Q. Patient’s or Insured’s Vehicle Registration Number;
- R. Patient’s or Insured’s Vehicle License Plate Number;
- S. Patient’s or Insured’s Vehicle Identification Number;
- T. Patient’s or Insured’s Finger or Voice Prints;
- U. Patient’s or Insured’s Photographic Images;
- V. Patient’s Pilot Medical Certificate Number;
- W. Patient’s Maine Department of Corrections Inmate Identification Number;
- X. Patient’s or Insured’s Medical Device Identifiers and Serial Numbers; and
- Y. Any other unique number, characteristic, code or information that is a direct identifier.

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**Chapter 270: UNIFORM REPORTING SYSTEM FOR QUALITY DATA SETS**

**SUMMARY:** This Chapter defines health care quality data sets and the provisions for filing the data sets by health care providers to the Maine Health Data Organization.

The provisions include:

- Identification of the organizations required to report;
- Establishment of requirements for the content, form, medium, and time for filing health care quality metrics data;
- Establishment of standards for the data reported; and
- Compliance provisions.

Definitions:

- K. Hospital. "Hospital" means any acute care institution required to be licensed pursuant to 22 M.R.S.A., chapter 405.

**1. Hospital Health Care Quality Data Set Filing Description**

For all patients identified as eligible cases in the specific denominator and numerator categories (minus exclusions) listed in the most current version of the *CMS Specifications Manual for National Hospital Quality Measures* as found at the MHDO website at [www.maine.gov/mhdo](http://www.maine.gov/mhdo), each hospital and ambulatory surgical facility or their agent shall report data to the MHDO for the following quality metrics:

**10. Public Access**

Information collected, processed and/or analyzed under this rule shall be subject to release to the public or retained as confidential information in accordance with 22 M.R.S.A. §8707 and Code of Maine Rules 90-590, Chapter 120: *Release of Information to the Public*, unless prohibited by state or federal law.

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**The following is a section of the MHDO statute pasted, followed by the MQF statute:**

**22 §8708-A. QUALITY DATA**

The board shall adopt rules regarding the collection of quality data. The board shall work with the Maine Quality Forum and the Maine Quality Forum Advisory Council established in Title 24-A, chapter 87, subchapter 2 to develop the rules. The rules must be based on the quality measures adopted by the Maine Quality Forum pursuant to Title 24-A, section 6951, subsection 2. The rules must specify the content, form, medium and frequency of quality data to be submitted to the organization. In the collection of quality data, the organization must minimize duplication of effort, minimize the burden on those required to provide data and focus on data that may be retrieved in electronic format from within a health care practitioner's office or health care facility. As specified by the rules, health care practitioners and health care facilities shall submit quality data to the organization. Rules adopted pursuant to this section are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A.

**Maine Revised Statute Title 24-A, Chapter 87: DIRIGO HEALTH**

<b>Subchapter 2. HEALTH CARE QUALITY .....</b>	<b>22</b>
<b>Section 6951. MAINE QUALITY FORUM.....</b>	<b>22</b>
<b>Section 6952. MAINE QUALITY FORUM ADVISORY COUNCIL.....</b>	<b>24</b>

The Maine Quality Forum, referred to in this subchapter as "the forum," is established within Dirigo Health. The forum is governed by the board with advice from the Maine Quality Forum Advisory Council pursuant to section 6952. Except as provided in section 6907, subsection 2, information obtained by the forum is a public record.

The forum shall perform the following duties:

1. Research dissemination. The forum shall collect and disseminate research regarding health care quality, evidence-based medicine and patient safety to promote best practices.
2. Quality and performance measures. The forum shall adopt a set of measures to evaluate and compare health care quality and provider performance. The measures must be adopted with guidance from the advisory council pursuant to section 6952. The quality measures adopted by the forum must be the basis for the rules for the collection of quality data adopted by the Maine Health Data Organization.
3. Data coordination. The forum shall coordinate the collection of health care quality data in the State.
4. Reporting. The forum shall report in useable formats comparative health care quality information to consumers, purchasers, providers, insurers and policy makers. The forum shall annual quality reports in conjunction with the Maine Health Data Organization.
5. Consumer education. The forum shall conduct education campaigns to help health care consumers make informed decisions and engage in healthy lifestyles.

6. Technology assessment. The forum shall conduct technology assessment reviews to guide the use and distribution of new technologies in this State. The forum shall make recommendations to the certificate of need program.

7. Electronic data. The forum shall encourage the adoption of electronic technology and assist health care practitioners to implement electronic systems for medical records and submission of claims. The assistance may include, but is not limited to, practitioner education, identification or establishment of lowinterest financing options for hardware and software and system implementation support.

8. State Health Plan. [NOTE: Blank]

9. Annual report. The forum shall make an annual report to the public. The forum shall provide the report to the joint standing committees of the Legislature having jurisdiction over appropriations and financial affairs, health and human services matters and insurance and financial services matters.

10. Health care provider-specific data. The forum shall submit to the Legislature, by January 30th each year beginning in 2009, a health care provider-specific performance report. The report must be based on health care quality data, including health care-associated infection quality data, that is submitted by providers to the Maine Health Data Organization. The forum and the Maine Center for Disease Control and Prevention shall make the report available to the citizens of the State through a variety of means, including, but not limited to, the forum's publicly accessible website and the distribution of written reports and publications.

#### 24-A §6952. MAINE QUALITY FORUM ADVISORY COUNCIL

The Maine Quality Forum Advisory Council, referred to in this subchapter as "the advisory council," is a 17-member body established by Title 5, section 12004-I, subsection 30-A, to advise the forum.